(c) National Programme for Control of Blindness is being implemented te satisfactorily in most of the States. The reported number of cataract surgery ing the last year is 37 lakhs.

(d) Measures to strengthen implementation of the programme lude:—

(i) Development of Eye Care infrastructure through construction of dedicated Eye Words Operation theatres.

(ii) Training of Eye Surgeons in IOL implementation and other subspecialities.

(iii) Involvement of NGOs for providing free Eye Care Services in the rural and remote areas.

(iv) Detection and correction of refractive errors through School Eye Screening.

(v) Promoting Eye donation for treatment of corneal blindness.

(vi) Public awareness for preventive eye care and utilization of services.

National Health Policy

5. DR. T. SUBBARAMI REDDY:

SHRI NANA DESHMUKH:

SHRIMATI AMBIKA SONI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have announced the new National Health Policy;

(b) if so, whether Government propose that two years' of rural posting would be mandatory for medical graduates and would be done through the Medical Council;

(c) if so, the other main features of the policy; and

(d) the steps being taken to implement them?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Yes, Sir, the National Health Policy-2002 announced recently states that State Governments could rigorously enforce a mandatory two-year rural posting before the awarding of the graduate degree. Some State Governments have already made rural service compulsory before admission to P.G. courses or at the time of initial appointment.

(c) and (d) The National Health Policy, 2002 covers all aspects of health care and contains policy prescriptions regarding financial resources, equity, delivery of National Public Health Programmes, Public Health Infrastructure, Education of Health Care Professionals, Health Research, Role of various stakeholders—NGOs, civil society, Enforcement of quality standards for Food and Drugs, women's health etc. This Policy has been widely circulated both at the Centre and in the States upto the District level. Concerned organisations and State Governments have been advised to implement the new policy.

Winding up of CGHS dispensaries

6. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to wind up CGHS dispensaries in congested localities as several local doctors are available for consultation and restrict dispensaries to far-flung areas only where doctors are not available, especially in rural areas;

(b) if so, the details of plans made in this regard; and

(c) if not, how health care of people will be taken care of in far-flung rural areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) There is no proposal to wind up any CGHS dispensary in any locality.

(b) In view of (a) above, the question does not arise.

(c) The Central Government Health Scheme facilities are primarily meant for the Central Government employees/pensioners, etc. who are concentrated in bigger cities and therefore the CGHS dispensaries are accordingly available only in such areas.

Supply of Oxygen in Kalavati Saran Children's Hospital

†7. SHRI RAMA SHANKER KAUSHIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether an attempt to kill dozens of new born babies/child patients was made by stopping supply of oxygen on the 1st June, 2002 in Kalavati Saran Children's Hospital;

†Original notice of the question was received in Hindi.